

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 564374

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		(1)				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9	1					
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17	1					
18		1				
19		(1)				
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	21	↖		↖		↖
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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86		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS						